



# PAKISTAN BANKS' ASSOCIATION

## APPLICATION FOR ENLISTMENT AS VALUER

(under Guidelines updated for 2013)

Date \_\_\_\_\_

Please check  for Panel (s) in which enlistment desired:  Panel - I  Panel - II  Panel - III  
(Refer section 3.01 for details). If enlistment is desired in all 3 panels, all 3 boxes should be checked

Name of Applicant Concern

Constitution (check appropriate Box )

Proprietorship  Partnership / Private Ltd. Co.  
 Public Ltd. Co.  Other \_\_\_\_\_

Names of Proprietor / Partners / Directors

National Identity Card Number

% of Ownership

Names of Proprietor / Partners / Directors	National Identity Card Number	% of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check box if more than 5 Partners/Directors and attach details as Appendix 'A'

(Attested copies of NIC to be attached)

Applicant's Head Office Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phones: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name of the Key Person:

(Refer section 3.04 for details)

Check box if Applicant has more than one Business Addresses, and attach as Appendix 'B' a list of all Addresses alongwith Contact Numbers and name of Key Contact Person at each Address

Applicant's National Tax Number

Year in which Applicant Concern was Established (Attach evidence as Appendix 'C')

Year since when Applicant Concern is in Valuation Business (Attach evidence as Appendix 'D')

### Membership of Relevant Professional Bodies

(Specify memberships in the name of the Applicant Concern only.

Memberships in the names of individuals are to be specified in Table 1. Refer Section 6.05)

Name of Professional Body

License / Membership Expiry Date

Name of Professional Body	License / Membership Expiry Date
_____	_____
_____	_____
_____	_____

Check box if more than 3 memberships are held, and provide details at Appendix 'E'. Copies of all declared Membership Certificates / Licenses to be enclosed.

**Team Members' Valuation Experience with other Valuers** (If Applicant Concern has not carried out Valuations, but any of its Team Members has carried out at least 12 Valuations in any particular Asset Class or Commodity Type during the last 12 months with some other Valuer, specify here.

<u>Asset Class / Commodity Type</u>	<u>Employee</u>	<u>Valuation Concern</u> (Previous Employer)	<u>Joining Date</u>	<u>Leaving Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check box if more than 5 such persons work with you, with experience in different Commodity Types, and attach details as Appendix 'F'. Attach proof of all listed persons' service / affiliation with the reported Valuation Concern

**Professionally Qualified Staff Strength** (Specify particulars of the members of the Professional Team in Table 1. as per the enclosed performa. Attach as many sheets as required. Refer Section 6.06)

1. Particulars of Proprietor / Partners / Directors etc. personally carrying out or supervising Valuations also to be included.
2. Specify whether the individual is the Proprietor, Partner, Director or Employee in the column for Status.
3. If Applicant has more than one branches, specify which branch the individual is posted to, in the column for Branch
4. Copies of Memberships held by individuals must be attached with the Application.
5. C.V.s of Team Members and Proof of Employment of Employed Team Members (copies of withholding tax deducted from salary challans, copies of salary vouchers, etc.) must be attached with Application.
6. Team Member's Date of Joining Applicant Concern must be mentioned in the C.V.

**List of Authorized Signatories and their Specimen Signatures** (Applicant to attach a list of persons authorized to sign Valuations on their behalf as Appendix 'H'. Successful Candidates will update this list promptly upon any change in the Authorized Signatories)

**Processing Fee**

Processing Fee, Rs.10,000 per panel (Rs.10,000 for enlistment on one Panel, Rs.20,000 for enlistment on two Panels, or Rs.30,000 for enlistment on three Panels) is required by crossed Pay Order / Demand Draft payable at Karachi. The P.O./D.D. should be made in the name of Pakistan Banks' Association, and should accompany the Application.

15% Sindh Sales Tax is now applicable. Amount inclusive of Sindh Sales Tax is: Rs.11,500, Rs.23,000 or Rs.34,500 for one, two or three panels respectively.

P.O. / D.D. No. \_\_\_\_\_ for Rs. \_\_\_\_\_ drawn on \_\_\_\_\_ (bank) is enclosed with the Application.

Successful Applicants shall be requested for Annual Subscription, upon receipt of which enlistment will be effected.

Authorized Signature(s)	_____	_____
Name(s)	_____	_____
Designation(s)	_____	_____
Date	_____	_____
Official Seal / Rubber Stamp	_____	_____

**UNDERTAKINGS / DECLARATIONS**

(Check as declared. If 'Incorrect' is checked, attach complete details / explanation / reasons under Appendix 'N')

- | Correct                  | Incorrect                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 I am / we are signing this document in the capacity of Proprietor / Partner(s) / Director(s) of the Applicant concern, and am / are fully authorized to sign this document and bind it thereunder.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 All declarations made in this Application are correct and Pakistan Banks' Association is hereby authorized to have them verified as and when and how-so-ever it feels necessary to do so.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 I / we have read the Revised Guidelines for Enlistment and understand all terms and conditions therein.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 I / we agree with all Terms and Conditions mentioned in the Revised Guidelines for Enlistment, (2013 update) and the Applicant concern is in compliance with them.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 None of the Valuations Provided by the Applicant Concern were, are or have remained under dispute or contested by any Financial Institution.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 The Applicant is not, and has never been in the past, De-listed / Blacklisted from / by any Financial Institution / Insurance Company / Government or Semi Government body. Neither has the owner / director / partner of the Applicant concern been part of a concern that has been so De-listed / Blacklisted. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 None of the owners (Proprietor / Partner(s) / Director (s)) or Valuation related staff has ever been convicted of Criminal Offences under any court of law within or outside Pakistan, and neither are any criminal cases currently proceeding against them.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 Neither the Applicant nor any of it's owners (Proprietor / Partner(s) / Director(s) is a defaulter of any Bank / Financial Institution / Income Tax Department / Excise & Sales Tax Department, and neither have any recovery proceedings been initiated against them by any such Institution / Concern.         |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 Neither the Applicant nor any of it's owners (Proprietor / Partner(s) / Director(s) or Valuation related staff is under investigation for Fraud, Professional Misconduct, Misrepresentation, Negligence or violation of Prudential Regulations.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 I / we undertake to carry our work with utmost honesty, diligence and up to the best Professional Standards within our reach.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 I / we undertake to fully abide by the code of conduct laid down by Pakistan Banks' Association in performance of our duties.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 I / we undertake to always abide by State Bank of Pakistan's and Pakistan Banks' Association's regulations concerning and related to our Profession.  |

Authorized Signature(s) \_\_\_\_\_

Name(s) \_\_\_\_\_

Designation(s) \_\_\_\_\_

Official Seal / Rubber Stamp \_\_\_\_\_

**TABLE 1 - PARTICULARS OF PROFESSIONAL TEAM MEMBERS**

<u>Name</u>	<u>Status</u>	<u>NIC Number</u>	<u>Branch</u>	<u>Educational Qualifications</u>	<u>No. of Years' Relevant Experience</u>		<u>Particulars of Relevant Memberships</u>	
					<u>With Applicant</u>	<u>With Others</u>	<u>Institution/Association</u>	<u>Expiry</u>